## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notificate	correspondence includired below or directed other	g the Patent, advance of serwise in Block 1, by (a	rders and notification (a) specifying a new co	of ma orresp	nintenance fees wi ondence address;	ll be i and/or	nailed to the current (b) indicating a sepa	correspondence addre rate "FEE ADDRESS	ss as	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
24737	7590 09/02	/2010	,	nave i						
P.O. BOX 3001	ELLECTUAL PRO IANOR, NY 10510	OPERTY & STAN	IDARDS	I here States addres transn	by certify that this Postal Service wi ssed to the Mail nitted to the USPT	Fee(s th suff Stop O (57)	of Mailing or Transi ) Transmittal is being icient postage for firs ISSUE FEE address () 273-2885, on the day	deposited with the U t class mail in an enve above, or being facs ate indicated below.	nited lope imile	
			[					(Depositor's 1	iame)	
								(Sign	ature)	
								(	Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	ГOR	ATTORNEY DOCKET NO.		CONFIRMATION NO	).		
10/596,596 08/25/2006		•	Eric Thelen		DE030423		8321			
FITLE OF INVENTION	: METHOD AND SYST	EM FOR CONTROL OF	F A DEVICE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE I	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300		\$0		\$1810	12/02/2010		
EXAMINER		ART UNIT	CLASS-SUBCLASS							
CHANG, JON CARLTON		2624	382-100000	<del>_</del>						
1. Change of corresponde CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the	he pat	tent front page, list		1			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
□ "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
PTO/SB/47; Rev 03-0 Number is required.	92 or more recent) attach	ed. Use of a Customer	2 registered patent listed, no name will	attorn	ievs or agents. If n	o nam	e is 3			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	I THE PATENT (print or	r type	·)					
PLEASE NOTE: Unl	ess an assignee is identi	fied below, no assignee bletion of this form is NO	data will appear on th	ne pate	ent. If an assigne	e is id	entified below, the do	ocument has been file	d for	
(A) NAME OF ASSIC	•	netion of this form is ivo	(B) RESIDENCE: (C	•	_	DUNT	RY)			
Koninklijke Philips Electronics N.V.					Eindhoven, The Netherlands					
-	-	categories (will not be pr		Пт	· · adiocidos al IXII Con		th			
riease check the appropri	rate assignee category or	categories (will not be pi	inted on the patent).		ildividuai 🛥 Coi	роган	on of other private gro	up entity  Govern	Hent	
4a. The following fee(s) a  Issue Fee	are submitted:	41	o. Payment of Fee(s): (I		e first reapply any	y prev	iously paid issue fee s	shown above)		
Publication Fee (N	☐ A check is enclose ☐ Payment by credit		Form PTO-2038	is atta	ched					
Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $14-12/0$ (enclose an extra copy of this form).									
5 Change in Entity Stat	tus (from status indicated	1 above)	overpayment, to D	eposi	t Account Number	14	- 12 / U (enclose ar	extra copy of this for	m).	
_ ~ .	s SMALL ENTITY statu		☐ b. Applicant is no	longe	er claiming SMAL	L ENT	TTY status. See 37 CF	FR 1.27(g)(2).		
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other the Office.	an the	e applicant; a regis	tered a	ttorney or agent; or th	e assignee or other par	ty in	
· ·	/2.5.1	·			D	1-	1 0010			
Authorized Signature /Michael E. Belk/  Typed or printed name Michael E. Belk				Date December 1, 2010						
		Registration No. 33, 357								
This collection of inform application. Confident	ation is required by 37 C tiality is governed by 35	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain 1.14. This collection is	or ret	tain a benefit by th nated to take 12 m	e publ inutes	ic which is to file (and to complete, includin	by the USPTO to prog gathering, preparing	cess) , and	
submitting the completed his form and/or suggesti Box 1450, Alexandria. V	application form to the ons for reducing this but irginia 22313-1450. DC	USPTO. Time will vary den, should be sent to th NOT SEND FEES OR	depending upon the in e Chief Information Of COMPLETED FORMS	naivid fficer, S TO	ual case. Any cor , U.S. Patent and T THIS ADDRESS.	nment: Tradem SENI	s on the amount of tin lark Office, U.S. Depa O TO: Commissioner f	ne you require to com rtment of Commerce, for Patents, P.O. Box	piete P.O. [450.	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.